



THE AMP PLAN

APPLICATION FOR UTILITY BILLING AVERAGING

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

EMAIL ADDRESS: _____

1. I understand that I must have at least one year of utility service with the City of Granbury to have enough history to average.
2. I understand that my monthly utility charges under the AMP Plan will be billed based on a “rolling average of consumption” (my average consumption over the previous 12 months), billed at the current utility rates in effect.
3. I understand that I can discontinue my participation in the AMP Plan at any time and that any differences I may owe will be made up on my next regular bill and will be due in full when that bill is due.
4. I understand that if I discontinue my participation in the AMP Plan, I am not eligible to re-instate for at least 12 months.
5. I understand that if I terminate service with the City of Granbury while participating in the plan, any differences I may owe will be included in the final bill and will be due upon receipt.

By signing one of the boxes below I agree to abide by all of the conditions listed above.

I wish to **participate** in the Average Monthly Payment Plan.

Signature _____

Date _____

I wish to **discontinue** participation in the Average Monthly Payment Plan.

Signature _____

Date _____